



Global AIDS Program

Country Profile — *Thailand FY2004*

Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.



HIV/AIDS Situation in Thailand

HIV Infected: 572,500¹
AIDS Deaths: 58,000²
AIDS Orphans: Not available²

In 2004, an estimated 572,500 adults and children were living with HIV/AIDS in Thailand¹, and an estimated 58,000 had died of AIDS during 2003². The overall HIV prevalence rate for adults is estimated to be 1.5 percent, the second highest among countries in Asia and the Pacific region.² More than 85 percent of reported cases in 2004 were transmitted through sexual intercourse, and 38 percent of the reported cases were female.³ HIV prevalence among injection drug users (IDU) in Thailand remains high (40 percent in 2004).³

About GAP Thailand

Year Established: 2001

FY 2004 Core Funds: \$5.7 million

In-country Staffing: 4 CDC Direct Hires; 62 Locally-Employed Staff; 1 Contractors

GAP Thailand is located on the campus of the Thailand Ministry of Public Health (MOPH) and is a component of the Thailand MOPH—U.S. CDC Collaboration (TUC). The GAP Thailand country plan was developed in consultation with the MOPH and endorsed by the Permanent Secretary of the MOPH. The major components of GAP Thailand's activities are 1) development of four provincial networks for HIV/AIDS, tuberculosis (TB), and sexually transmitted infection (STI) prevention, care, training and surveillance, and 2) support for the MOPH, nongovernmental organizations, and universities to facilitate the development of pilot projects, scale-up of successful projects, and to address targeted evaluation and program development issues.

In the initial years of FY2002 and FY2003, GAP Thailand developed three HIV/AIDS networks in Chiang Rai, Ubon Ratchathani, and Bangkok. In addition, national-level MOPH projects were initiated. In FY2004, an additional network was added in Phuket, and support was directed toward enhancing capacities of provincial networks to improve HIV/AIDS, TB and STD interventions and scaling-up successful pilot activities of the MOPH.

Challenges to Program Implementation

Staff shortages and high workloads in Thailand's public health offices and clinical facilities limit the capacity to initiate additional HIV/AIDS activities. In addition, high-risk populations such as injection drug users (IDUs), commercial sex workers (CSW), and men who have sex with men (MSM) are difficult to access for prevention programs, and effective prevention models are limited.

Website:
www.cdc.gov/gap



¹ Bureau of AIDS, TB, and STI, Department of Disease Control, Thailand Ministry of Public Health, www.aidsthai.org.

² UNAIDS, Report of the Global AIDS Epidemic, 2004.

³ Bureau of Epidemiology, Department of Disease Control, Thailand Ministry of Public Health, AIDS Situation in Thailand in 2004.



FY2004 GAP Thailand Achievements

Number of individuals who received counseling and testing at CDC/GAP-supported sites	3,356
Number of country nationals trained in the provision of laboratory activities	219
Number of HIV tests performed at CDC/GAP-supported laboratories	243
Number of individuals trained in surveillance methods and operations	629
Number of individuals trained by CDC/GAP for a technical program area	6,544
Number of organizations/agencies receiving CDC/GAP support for monitoring and evaluation activities	5

Data above are from GAP Thailand's 2004 Annual Report.

Critical Interventions for HIV/AIDS Prevention

- ◆ Provided HIV counseling training to 200 individuals to strengthen national voluntary HIV counseling and testing (VCT) services. Also distributed manuals on basic HIV counseling to trainers.
- ◆ Provided technical and financial assistance to the Bangkok Metropolitan Administration (BMA) to implement the national prevention of mother-to-child HIV transmission (PMTCT) monitoring system (PHIMS) in 20 hospitals.
- ◆ Developed and distributed supervision and monitoring guidelines for the national PMTCT program.
- ◆ Provided community-based outreach to IDUs in Bangkok, increasing utilization of VCT and methadone treatment services.
- ◆ Promoted condom use among CSWs and their clients in two provinces using a behavior change communication strategy in clinic-based and outreach services.

Critical Interventions for HIV/AIDS Treatment and Care

- ◆ Expanded counseling and support services for people living with HIV/AIDS (PLWHA) through hospital- and community-based adult day care centers in two provinces.
- ◆ Developed model HIV/AIDS care centers in seven provinces, to promote systematic approaches to clinical training; CD4 monitoring; opportunistic infection diagnosis, prophylaxis, and treatment; and antiretroviral therapy.
- ◆ Created a coalition of organizations to address care and quality-of-life issues for children infected with and affected by HIV/AIDS and their families in three provinces.
- ◆ Supported the provision of HIV care and monitoring for asymptomatic HIV-infected mothers and family members in four pilot provinces.
- ◆ Supported assessment and interventions to increase screening of new TB cases for co-infection with HIV.

Critical Interventions for HIV/AIDS Surveillance and Infrastructure Development

- ◆ Developed and pilot tested a performance measurement and quality improvement program for HIV/AIDS care and treatment in five provinces, in cooperation with the New York State AIDS Institute.
- ◆ Supported revision of national HIV serosurveillance and behavioral surveillance guidelines, expansion of behavioral surveillance among CSW and IDU, and implementation of handheld computer-based behavioral surveillance for at-risk adolescents in 24 sentinel provinces.
- ◆ Addressed laboratory capacity needs by supporting the purchase of equipment and supplies, including freezers, TB and STI diagnostics and CD4 test kits.
- ◆ Developed and implemented information systems for TB, STI, and CD4 laboratory testing; project financial management; and monitoring and evaluation.
- ◆ Ensured that all five GAP coordinating units have the information technology capacity to support GAP project implementation, including appropriate infrastructure, trained personnel, web-based mail servers and network communications.

